Application or Docket Number

	IAILN	EU	10/ 58305			5						
		CLAIMS A	(Column 1)		(Column 2)			SMALL ENT	ITY	OR	OTHER SMALL E	
U.S. NATIONAL STAGE FEES			(Column 1)		(Column 2)		7	RATE	FEE		RATE	FEE
BASIC FEE			 		-		1	BASIC FEE		OR:	BASIC FEE	300
EXAMINATION FEE							1	EXAM. FEE			EXAM. FEE	200
SEARCH FEE							1	SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			m	inus 100 =	/ 50 =			X \$ 125 =	,		X \$ 250 =	100
TOTAL CHARGEABLE CLAIMS			11 .	minus 20 = .	,			rX \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			17	minus 3 =				X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If	the difference	in column 1 is	less than ze	ero, enter "0"	in co	lumn 2		TOTAL	-	OR	TOTAL	900
AMENDMENT A	6/151	(Column 1) CLAIMS REMAINING AFTÉR AMENDMENT	AMENDE	(Colum HIGHE NUMB PREVIOU PAID F	n 2) ST ER USLY	(Column 3) PRESENT EXTRA]	SMALL E	ADDI- TIONAL FEE	OR	OTHER I	
	Total	* //	Minus	· 20	<u> </u>	= 1	1	X \$ 25 =		OR	X \$ 50 =	
	Independent	. /	Minus	2	3	=/		X \$ 100 =	-	OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+ \$ 180 =		OR	+ \$ 360 =	
		•						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column ₃)			_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1	X \$ 25 =		OR	X \$ 50 =	
AMEN	Independent	*	Minus	***		=	1	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT.		OR	TOTAL ADDIT. FEE	
*	if the "Highest Ni if the "Highest Ni	umn 1 is less than th umber Previously Pa umber Previously Pal mber Previously Pal	id For" IN THIS id For" IN THIS	SPACE is less SPACE is less	than '20 than '3')', enter "20". , enter "3".	nd in th		in column	1.		: